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CONFIRMATION NO. 4303

SERIAL NUMBER 10/720,330	FILING OR 371(c) DATE 11/24/2003 RULE	CLASS 435	GROUP ART UNIT 1744	ATTORNEY DOCKET NO. 73643
APPLICANTS James B. McCormick, Lincolnwood, IL;				
** CONTINUING DATA ***** <i>NONE</i> <i>NAB</i>				
** FOREIGN APPLICATIONS ***** <i>NONE</i> <i>NAB</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 02/20/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> Allowance <input checked="" type="checkbox"/> <i>NAB</i> Verified and <i>[Signature]</i> <i>[Initials]</i> Acknowledged Examiner's Signature Initials		STATE OR COUNTRY IL	SHEETS DRAWING 3	TOTAL CLAIMS 5
INDEPENDENT CLAIMS 2				
ADDRESS 27128				
TITLE Apparatus and method for preparing tissue samples for histological examination				
FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____	